



ORDER CONFIRMATION #

WHIFFLETREE FARM & NURSERY INC.
6987 8TH LINE WEST, R. R. 1
ELORA, ONTARIO, CANADA N0B 1S0
519.669.1349
HST: 803 240 704

DATE: \_\_\_\_\_

SHIPPING ADDRESS

COMPANY NAME:
NAME:
ADDRESS:
CITY:
PROVINCE: POSTAL CODE:
DAYTIME PHONE:
EMAIL:

BILLING ADDRESS (if different than shipping address)

COMPANY NAME:
NAME:
ADDRESS:
CITY:
PROVINCE: POSTAL CODE:
PHONE:

SHIP TO: I will pick up my order [ ]
Same as billing address [ ]

[ ] Please ship at time appropriate to my area OR
[ ] Preferred receiving date (your best guess!) \_\_\_\_\_

Table with 5 columns: PRODUCT #, ITEM, QTY, UNIT PRICE, TOTAL. Multiple empty rows for order entry.

COMMENTS:
FOR OUT OF STOCK ITEMS PLEASE CHOOSE ONE OF THE FOLLOWING:
[ ] SEND COMPARABLE SUBSTITUTES\*
[ ] CANCEL AND SEND CREDIT
\*SEE SUBSTITUTIONS PAGE 70
SUBTOTAL
FREIGHT
\*APPLICABLE TAX
TOTAL

\*TAX RATES: BC: 5%, AB: 5%, SK: 5%, MB: 5%, ON: 13%, QC: 5%, NB: 15%, NS: 15%, PE: 15%, NL: 15%

ORDERS UNDER \$500 PLEASE INCLUDE CHEQUE OR MONEY ORDER FOR FULL AMOUNT. ORDERS OVER \$500 REQUIRE A MINIMUM OF \$500 DEPOSIT WITH THE BALANCE DUE AT TIME OF SHIPPING OR PICKUP.

THANK YOU!

